

**Oklahoma Health Care Authority**  
**Drug Utilization Review Board**  
**(DUR Board)**

**Meeting – February 11, 2015 @ 4:00 p.m.**

Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

---

**AGENDA**

Discussion and Action on the Following Items:

Items to be presented by Dr. Muchmore, Chairman:

**1. Call To Order**

- A. Roll Call – Dr. Cothran

Items to be presented by Dr. Muchmore, Chairman:

**2. Public Comment Forum**

- A. Acknowledgment of Speakers and Agenda Items

Items to be presented by Dr. Muchmore, Chairman:

**3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A**

- A. January 14, 2015 DUR Minutes – Vote
- B. January 14, 2015 DUR Recommendations Memorandum

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

**4. Update on Medication Coverage Authorization Unit/Long-Acting Beta Agonist Utilization: Pediatric Members – See Appendix B**

- A. Medication Coverage Activity for January 2015
- B. Pharmacy Help Desk Activity for January 2015
- C. Long-Acting Beta Agonist Utilization: Pediatric Members

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

**5. Action Item – Vote to Prior Authorize Viekira Pak™ (Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir) – See Appendix C**

- A. College of Pharmacy Recommendations
- B. Hepatitis C Therapy Pharmacy Agreement
- C. Hepatitis C Therapy Intent to Treat Contract

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

**6. Action Item – Vote to Prior Authorize Northera™ (Droxidopa) – See Appendix D**

- A. College of Pharmacy Recommendations

Items to be presented by Dr. Anderson, Dr. Muchmore, Chairman:

**7. Action Item – Vote to Prior Authorize Akynzeo® (Netupitant/Palonosetron) – See Appendix E**

- A. College of Pharmacy Recommendations

Items to be presented by Dr. Anderson, Dr. Muchmore, Chairman:

**8. 30-Day Notice to Prior Authorize Myalept™ (Metreleptin) – See Appendix F**

- A. Introduction
- B. Myalept™ (Metreleptin) Product Summary
- C. College of Pharmacy Recommendations

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

**9. Annual Review of Pulmonary Arterial Hypertension Medications and 30-Day Notice to Prior Authorize Orenitram™ (Treprostinil) and Revatio® (Sildenafil Oral Suspension) – See Appendix G**

- A. Introduction
- B. Treatment
- C. Current Prior Authorization Criteria
- D. Utilization of Pulmonary Arterial Hypertension Medications
- E. Prior Authorization of Pulmonary Arterial Hypertension Medications
- F. Market News and Updates
- G. Product Summaries
- H. College of Pharmacy Recommendations
- I. Utilization Details of Pulmonary Arterial Hypertension Medications

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

**10. Annual Review of Multiple Sclerosis Medications and 30-Day Notice to Prior Authorize Lemtrada™ (Alemtuzumab) and Plegridy™ (Peginterferon β-1a) – See Appendix H**

- A. Current Prior Authorization Criteria
- B. Utilization of Multiple Sclerosis Medications
- C. Prior Authorization of Multiple Sclerosis Medications
- D. Market News and Updates
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of Multiple Sclerosis Medications

Items to be presented by Dr. Teel, Dr. Muchmore, Chairman:

**11. 30-Day Notice to Prior Authorize Brisdelle® (Paroxetine Mesylate) – See Appendix I**

- A. Introduction
- B. Brisdelle® (Paroxetine Mesylate) Product Summary
- C. College of Pharmacy Recommendations

Non-presentation, Questions Only:

**12. Annual Review of Ravicti® (Glycerol Phenylbutyrate) – See Appendix J**

- A. Indication
- B. Current Prior Authorization Criteria
- C. Utilization of Ravicti® (Glycerol Phenylbutyrate)
- D. Prior Authorization of Ravicti® (Glycerol Phenylbutyrate)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

Non-presentation, Questions Only:

**13. Annual Review of Procsybi® (Cysteamine Bitartrate Delayed-Release) – See Appendix K**

- A. Indication
- B. Current Prior Authorization Criteria
- C. Utilization of Procsybi® (Cysteamine Bitartrate Delayed-Release)

- D. Prior Authorization of Procysbi® (Cysteamine Bitartrate Delayed-Release)
- E. Market News and Updates
- F. College of Pharmacy Recommendations
- G. Utilization Details of Procysbi® (Cysteamine Bitartrate Delayed-Release)

Non-presentation, Questions Only:

**14. Annual Review of Fulyzaq® (Crofelemer) – See Appendix L**

- A. Indication
- B. Current Prior Authorization Criteria
- C. Utilization of Fulyzaq® (Crofelemer)
- D. Prior Authorization of Fulyzaq® (Crofelemer)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

Items to be presented by Dr. Cothran, Dr. Muchmore, Chairman:

**15. FDA and DEA Updates – See Appendix M**

Items to be presented by Dr. Cothran, Dr. Muchmore, Chairman:

**16. Future Business**

- A. Annual Reviews
- B. New Product Reviews

Items to be presented by Dr. Muchmore, Chairman:

**17. Adjournment**